

Name



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine

Office:

Website: www.maine.gov/ethics

Phone: 207-287-4179

Fax: 207-287-6775

## MAINEETHICS COMMISSION

## 2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 19, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

**LEGISLATOR INFORMATION** 

Mailing address  Off Shore Rood  City, zip code  Coff Shore Rood  Off Shore Rood  Off Shore Rood  Off Shore Rood			☐ House ☐ Senate  District		
			City, zip code		
Cope Elizabeth, N	16	0410)	207-767-4303		
	& 61 N 55 Si				
PART 1. INCOME	E DERIVE	D FROM EMPLOYMENT BY ANO			
List the name and address of each employer from economic activity of each employer.	n whom yo	ou received compensation of \$1,000 or	more. Specify the principal type of		
Name of Employer		Address	Principal Type of Economic Activity of Employer		
	7	1 0 0			
5.M.M.C	5000	advant Soin Portord			
			*		
	•				
DART 2 INC	OMEDE				
	party estimates a succession	RIVED FROM SELF-EMPLOYMENT rs who are self-employed.)			
A. List the name and address of your business, if associated with a partnership, firm, professional a entity.	f any, and I	ist the major areas of economic activity	from which you derived income. If or areas of economic activity of that		
Name and Address of Business Entity		Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)		
Name: Law office of Cynthia Dill Address: 122 Shore Rd, Cape Eliz		lawyer	Solo pretice -		
Name: Address:					

PART 2 (continued). INCOME DERIVED FI (For Legislators who are self-ei		AENT					
B. List each source of income derived from self-employment that represents m greater, and specify the principal type of economic activity of the entity or per disclosure is prohibited by law, rule, or an established code of professional ethic entity or person from whom the income was derived.	rson from whom you de	rived such income. If this form of					
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income					
Name:	PP-invelled Asia						
Address:							
Name: Address:							
		***************************************					
PART 3. MAJOR AREAS OF (For Legislators who are attorneys-							
List your major areas of practice. If associated with a law firm, list the major are	ella keris komensisti pannon doke monisteri ratherion bilisti ola delimento del bi mest ola me	imig bodnejgov nepolovanjiho tejorjajaj odjelaja tejoraja vijerja od prepoja vijerja vijerja i vijerija vo velisti vovenisti obsesti bestevit mised					
Name and Address of Firm	Major Areas of Prac (self)	tice Major Areas of Practice (firm)					
Name: Law Other & Cynthia Dill Address:	Civil litigat	Save					
Name: Address:							
PART 4. OTHER SOURCES OF INCOME							
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1, 2, or 3 of this	form. Do not include gift	s. If none, check the box.					
Name and Address of Source	Department of the second of th	Kind of Income (investments, leases, etc.)					
Name: NCSL	BOME MAN OF THE THE CONTROL OF THE STATE OF	andersone to the state of the s					
Address: Washington, DC	anning middeld	travel stipends conference registration					
Name:	MONTH TO THE THE STATE OF THE S	เลง ข้ากับกับการการที่ รู้คนายกับเลยของแก้วายที่รับกับกับให้ให้ประชาการของเลยของและรู้แล้ง เกิดเกิดและเลยถึกกา เลยของ และการที่ เกิดเกิดเกิดเกิดเกิดเกิดเกิดเกิดเกิดเกิด					
Address:	ELALOGOANAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA						
PART 5. REPORTABLE LIA	ABILITIES						
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that yeareas of economic activity of each creditor. Do not list credit card liability or loan	ou received during the restrictions a relative. If none	eporting period, and list the major e, check the box.					
None Name and Address of Creditor	et er	Principal Type of Economic Activity of Creditor					
Name:	ranse commences you with this field the best of it, as easy than it is not planed by the best of the year of the planed by the best of the year of of the	TO CONTRACT TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE					
Address:		•					
Name:	The Company of the Co	DPACOOSAMBAABAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA					
Address:	BANANATI						

	. REPORTABLE G		
List the specific source of each gift of more than \$300. Including none, check the box.	lude gifts with an agg	regate value of more than \$300 from a sing	gle source. If
None	«Ам-до-бите майонева» — двенно од однато од однато од	мененун той ойо гом тайты ү мененун түйүү түй түй түй түй түй түй тайган айган	Stranson pergetasean tabanan trabahan
Name of Source of Gift		Name of Source of Gift	
1. CTIA	3. Cw	berence registration, to	z.v.l
2.	4. St	berence registration, tr	erengevortstande sissionistiske anter vilkelinke erekul
	EPORTABLE HON		ren representation
List the source of any honoraria accepted for appearances or	r speeches related to y	your legislative responsibilities. If none, che	eck the box.
None Name of Source of Honoraria		Name of Source of Honoraria	h heferika in sisteme e kunomsus sunassanovakanjih genjunja
1.	3.		Card Card Annual Card Card Card Card Card Card Card Card
		(1985) daharida da d	Obbinishbaranghaar argus gara (1794) (1777) Ashinish
2.	4.		
PART 8. REPRESEN			
List each executive branch agency before which you represe box.	ented or assisted othe	ers for compensation of any amount. If nor	ne, check the
None		www.common.common.common.com/common.com/common.com/common.com/common.com/comp.com/com/com/com/com/com/com/com/com/com/	t er einiste fel Vantilein hat Arhensele Nortscheid Artiferen ist Arzanna
Name of Agency		Name of Agency	
1. (9) Maine Human Rights Commis	>> = 3.	#\$BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB	Conniderational philips of the desire of the connection of the con
1. (7) Maine Homan Rights Commis 2. (I way have appeared before		and the state of t	Allycining tywnas as as an is billing flodding and in the first flodding of the first fl
2 (I way have appeared my	/ 11 / 4 · · · ·	of apace of all	***************************************
PART 9. BUSIN	IESS WITH STATE	AGENCIES	
List each executive branch agency to which you or a memb \$1,000 during the reporting period. If none, check the box.			in excess of
None	MACIANAANIANIANIAANIAAAAAAAAAAAAAAAAAAAA	VVMPV-48P-44EN-4EN-konin-rz-zeranza-mygr-Aydey-pe-pe-pe-pe-pe-pe-pe-pe-konin-k	hiteralistalahilahilaraka kerementengan perjempingan erasia j
Name of Agency		Name of Agency	Windowski (n. 2005) dok za dronog za naprijeda, nazipuna wodanina za
1.	3.	Toolsen, Kill (Bell Collect (Cr. Tyr) by a new of State Classic (Babelling Collect Col	kolocet Veterius metgaaangangga <sub>aan</sub> ,
	A	[79900] (1994) (	1228 March Shimila Campana, yang telah papah papah pagangga
2.	4.		
PART 10. INCOME RECEIVI			
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not	f of income represente include gifts.	ed. If your spouse or domestic partner reco	tic partner or eived \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic A Representing Sour Income Receive	ce of Relationship Kind of Inco	me
Name:	1.	Spouse or	-
Job Title:	2.	Domestic 2.	
	3.	3.	S# TO SERVICE OF CONTROL OF CONTR
		Dependent Child	
If dependent child(ren) receive more than \$1,000 of income for the reporting period, list only the type of economic	AND THE PROPERTY OF THE PROPER	Dependent	titleritinan tip Tyron er overleen oor oor en een oor ook en gestatisseer
activity and the kind of income.		Child	

Dependent Child

List any for-profit or nonprofit corporation, firm, association, pa any office, trusteeship, directorship, or position of any nature. was compensated. If a family member listed, indicate your rel	Indicate whether you o	or a family held the p	osition and whethe	diate family held r the position
None	**************************************		**************************************	WITH THE PROPERTY OF THE PROPE
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
	SIGNATURE			
A Legislator who willfully fails to file a required statement	is subject to a fine of	of up to \$100. (1 N	1.R.S.A. § 1017-A	١)
The intentional filing of a false statement is a Class E cri willfully filed a false statement, it shall refer its findings of	me. If the Commiss fact to the Attorney	ion concludes that General. (1 M.R.S	t it appears that a S.A. § 1019)	Legislator has
Combr Dell		2/18/1	)	
Signature		T D	ate	***************************************
ADDITIC	ONAL INFORMATIO	N		
Please provide any additional information below (and or the information you are providing.	n additional sheets if	needed). Indicate	e the part or secti	on number for
Part/Section Number				
Of the second se				
THE ALLEGANISM CONTROL OF THE CONTRO				
onesses over the state of the s				

PART 11. OFFICER OR DIRECTOR POSITIONS